

286. Plaintiff has incurred medical, funeral and other expenses.

PUNITIVE DAMAGES

287. The above described acts and omissions on the part of the Defendants were reckless and intentional. Defendants were aware of, but consciously disregarded, a substantial and unjustifiable risk of such a nature that their disregard constitutes a gross deviation from the standard of care that an ordinary person would exercise under all the circumstances. Plaintiff therefore is entitled to an award of punitive damages against the Defendants.

CAPS FOUND IN TENN. CODE ANN. § 29-39-102 AND § 29-39-104 ARE UNCONSTITUTIONAL AND VOID *AB INITIO*

288. On October 1, 2011, the Tennessee Civil Justice Act went into effect, enacting “caps” in all Tennessee personal injury cases for non-economic damages and punitive damages. Tenn. Code Ann. § 29-39-102; and Tenn. Code Ann. § 29-39-104. Under that Act, Plaintiff’s non-economic damages are purportedly capped at \$750,000, and his ability to recover punitive damages is capped at twice the compensatory damages up to a maximum of \$500,000.

289. Tenn. Code Ann. § 29-39-102 and Tenn. Code Ann. § 29-39-104 are unconstitutional deprivations of Plaintiff’s constitutionally protected right to trial by jury. Those provisions violate Article I, Section 6 of the Constitution of the State of Tennessee, which provides that the right of trial by jury shall remain inviolate. In addition, the subject statutory caps violate Article I, Section 17 of the Tennessee Constitution which states that “all courts shall be open, and every man shall have a remedy for injury done by due course of law and without denial or delay.” The subject statutory caps usurp the powers of the Judicial Branch in violation of Article II, Sections 1 & 2 of the Tennessee Constitution. In addition, the subject statutory caps violate Article XI, Section 16 of the Tennessee Constitution which indicates that the rights of citizens articulated in Tennessee’s Bill of Rights “shall never be violated on any pretense

whatever ... and shall forever remain inviolate.” Therefore, Plaintiff requests a declaration, pursuant to Tenn. Code Ann. § 29-14-103, that the statutory caps are void *ab initio* and of no force and effect.

290. Pursuant to Tenn. Code Ann. § 29-14-107, a copy of this Amended Complaint is being served on the Attorney General of the State of Tennessee, notifying the State of Tennessee Attorney General that Plaintiff is challenging the constitutionality of Tenn. Code Ann. § 29-39-102 and Tenn. Code Ann. § 29-39-104.

PRAYER FOR RELIEF

WHEREFORE, Plaintiff prays for judgment against Defendants, jointly and severally, as follows:

- A. A judgment for compensatory damages in the amount of \$5 Million;
- B. A judgment for punitive damages in an amount to be determined by the trier of fact;
- C. A declaration that the caps found in Tenn. Code Ann. § 29-39-102 and Tenn. Code Ann. § 29-39-104 are unconstitutional under Article I, Section 6; Article I, Section 17; Article II, Sections 1 & 2; and/or Article XI, Section 16 of the Constitution of the State of Tennessee and are therefore void *ab initio* and of no force and effect;
- D. A jury to determine all disputed factual issues;
- E. For costs of this cause; and
- F. For such further relief as the Court may deem just and proper.

Respectfully submitted,

/s/ Raymond Throckmorton III

Raymond T. Throckmorton III
2016 8th Ave. South
Nashville, TN 37204
T: (615) 297-1009

Robert K. Jenner (Maryland) *Pro Hac Vice to Be Filed*
Kimberly A. Dougherty (MA) *Pro Hac Vice to Be Filed*
JANET, JENNER & SUGGS, LLC
31 St. James Avenue
Suite 365
Boston, MA 02116
T: (617) 933-1265
F: (410) 653-9030
rjenner@myadocates.com
kdougherty@myadvocates.com

Susan B. Evans
2016 8th Avenue South
Nashville, TN 37204
T: (615) 739-6833

Myra B. Staggs (by pro hac admission from Alabama)
PO Box 85
Waynesboro, TN 38485
T: (615) 519-0971

Attorneys for Plaintiff

EXHIBIT A

STATE OF MASSACHUSETTS)
)
COUNTY OF SUFFOLK)

AFFIDAVIT OF OLIVIA F. COLONERO

COMES NOW the affiant, **OLIVIA F. COLONERO**, who, having first been duly sworn, states that the following statements are true:

1. All of the statements contained in this Affidavit are true and correct and made on the basis of my personal knowledge. I am an adult citizen of the State of Massachusetts, over the age of 18 years, and am competent to make the statements contained in this Affidavit. I am a paralegal with Janet, Jenner & Suggs, LLC, located in Boston, Massachusetts.

2. On August 23, 2013, I mailed by certified mail, return receipt requested a Notice letter and enclosures to Vaughan A. Allen, M.D. at the provider's current business address listed on the Tennessee Department of Health website (2011 Murphy Ave., Suite 301, Nashville, TN 37203-2023). I obtained a Certified Mail Receipt from the United States Postal Service stamped with the date of mailing. I attach as Exhibit 1 a copy of the Notice letter sent to Vaughan A. Allen, M.D. along with a copy of the enclosures to the letter which includes a list of the names and addresses of all healthcare providers who were served Notice and a HIPAA medical authorization form.

3. On December 5, 2013, I mailed by certified mail, return receipt requested, an amended Notice letter, a HIPAA compliant medical authorization and enclosures to Vaughan A. Allen, M.D. at the provider's current business address listed on the Tennessee Department of Health website (2011 Murphy Ave., Suite 301, Nashville, TN 37203-2023). I obtained a Certificate of Mailing from the United States Postal Service stamped with the date of mailing as required by Tennessee Code Annotated § 29-26-121 (a). I attach as Exhibit 2 a copy of the

amended Notice letter sent to Vaughan A. Allen, M.D. along with a copy of the enclosures to the letters which includes a list of the names and addresses of all healthcare providers who were served an amended Notice pursuant to T.C.A. § 29-26-121 and a HIPAA compliant medical authorization permitting Vaughan A. Allen, M.D. to obtain complete medical records from each provider being sent Notice.

4. On August 23, 2013, I mailed by certified mail, return receipt requested, a Notice letter and enclosures to Saint Thomas Outpatient Neurosurgical Center, LLC at the address for the agent for service of process listed on the Tennessee Secretary of State website (Gregory B. Lanford, M.D., 2011 Murphy Ave., Suite 301, Nashville, TN 37203-2023) and the provider's current business address (4230 Harding Pike, Floor 9, Nashville, TN 37205-2013). I obtained Certified Mail Receipts from the United States Postal Service stamped with the date of mailing. I attach as Exhibit 3 a copy of the Notice letters sent to Saint Thomas Outpatient Neurosurgical Center, LLC along with a copy of the enclosures to the letters which includes a list of the names and addresses of all healthcare providers who were served Notice pursuant to T.C.A. § 29-26-121 and a HIPAA compliant medical authorization permitting Saint Thomas Outpatient Neurosurgical Center, LLC to obtain complete medical records from each provider being sent Notice.

5. On December 5, 2013, I mailed by certified mail, return receipt requested, an amended Notice letter, a HIPAA compliant medical authorization and enclosures to Saint Thomas Outpatient Neurosurgical Center, LLC at the address for the agent for service of process listed on the Tennessee Secretary of State website (Gregory B. Lanford, M.D., 2011 Murphy Ave., Suite 301, Nashville, TN 37203-2023) and the provider's current business address (4230 Harding Pike, Floor 9, Nashville, TN 37205-2013). I obtained Certificates of Mailing from the

United States Postal Service stamped with the date of mailing as required by Tennessee Code Annotated § 29-26-121 (a). I attach as Exhibit 4 a copy of the amended Notice of Claim letter sent to Saint Thomas Outpatient Neurosurgical Center, LLC along with a copy of the enclosures to the letters which includes a list of the names and address of all healthcare providers who were served an amended Notice pursuant to T.C.A. § 29-26-121 and a HIPAA compliant medical authorization permitting Saint Thomas Outpatient Neurosurgical Center, LLC to obtain complete medical records from each provider being sent Notice.

6. On August 23, 2013, I mailed by certified mail, return receipt requested, a Notice letter and enclosures to Howell Allen Clinic A Professional Corporation at the address for the agent for service of process listed on the Tennessee Secretary of State website (Gregory B. Lanford, M.D., 2011 Murphy Ave., Suite 301, Nashville, TN 37203-2023). I obtained a Certified Mail Receipt from the United States Postal Service stamped with the date of mailing. I attach as Exhibit 5 a copy of the Notice letter sent to Howell Allen Clinic, A Professional Corporation along with a copy of the enclosures to the letter which include a list of the names and address of all healthcare providers who were served Notice and a HIPAA medical authorization.

7. On December 5, 2013, I mailed by certified mail, return receipt requested, an amended Notice letter, a HIPAA compliant medical authorization and enclosures to Howell Allen Clinic A Professional Corporation at the address for the agent for service of process listed on the Tennessee Secretary of State website (Gregory B. Lanford, M.D., 2011 Murphy Ave., Suite 301, Nashville, TN 37203-2023). I obtained a Certificate of Mailing from the United States Postal Service stamped with the date of mailing as required by Tennessee Code Annotated § 29-26-121 (a). I attach as Exhibit 6 a copy of the amended Notice of Claim letter sent to

Howell Allen Clinic A Professional Corporation along with a copy of the enclosures to the letter which includes a list of the names and addresses of all healthcare providers who were served an amended Notice pursuant to T.C.A. § 29-26-121 and a HIPAA compliant medical authorization permitting Howell Allen Clinic A Professional Corporation to obtain complete medical records from each provider being sent Notice.

8. Attached as Exhibit 7 is a copy of the Certified Mail Receipts from the United States Postal Service stamped with the date of mailing of the Notices and enclosures to each health care provider identified in the foregoing paragraphs and the Return Green Cards from the Notice letters sent on August 23, 2013. At the United States Post Office located at 133 Clarendon Street, Boston, MA 02116, I requested Certificate of Mailings and was told that the certified mail receipt with the return green card was a Certificate of Mailing. I was told that I would not need anything else for a Certificate of Mailing.

9. Attached as Exhibit 8 is a copy of the Certificates of Mailing from the United States Postal Service stamped with the date of mailing of the amended Notices and enclosures to each health care provider identified in the foregoing paragraphs.

10. On December 11, 2013, I mailed by certified mail, return receipt requested, a Notice letter and enclosures to St. Thomas West Hospital (St. Thomas Hospital) at the address for the agent for service of process listed on the Tennessee Secretary of State website (E. Berry Holt, III, 102 Woodmont Blvd., Suite 800, Nashville, TN 37205-2221) and the current business address (4220 Harding Raod, Nashville, TN 37205). I obtained Certificates of Mailing from the United States Postal Service stamped with the date of mailing as required by Tennessee Code Annotated § 29-26-121 (a). I attach as Exhibit 9 a copy of the Notice letters sent to St. Thomas West Hospital (St. Thomas Hospital) along with a copy of the enclosures to the letters which

includes a list of the names and addresses of all healthcare providers who were served Notice pursuant to T.C.A. § 29-26-121 and a HIPAA compliant medical authorization permitting St. Thomas West Hospital (St. Thomas Hospital) to obtain complete medical records from each provider being sent Notice.

11. On December 11, 2013, I mailed by certified mail, return receipt requested, a Notice letter and enclosures to St. Thomas Network at the address for the agent for service of process listed on the Tennessee Secretary of State website (E. Berry Holt, III, 102 Woodmont Blvd., Suite 800, Nashville, TN 37205-2221) and the current business address (4220 Harding Raod, Nashville, TN 37205). I obtained Certificates of Mailing from the United States Postal Service stamped with the date of mailing as required by Tennessee Code Annotated § 29-26-121 (a). I attach as Exhibit 10 a copy of the Notice letters sent to St. Thomas Network along with a copy of the enclosures to the letters which includes a list of the names and addresses of all healthcare providers who were served Notice pursuant to T.C.A. § 29-26-121 and a HIPAA compliant medical authorization permitting St. Thomas Network to obtain complete medical records from each provider being sent Notice.

12. On December 11, 2013, I mailed by certified mail, return receipt requested, a Notice letter and enclosures to St. Thomas Health at the address for the agent for service of process listed on the Tennessee Secretary of State website (E. Berry Holt, III, 102 Woodmont Blvd., Suite 800, Nashville, TN 37205-2221). I obtained a Certificate of Mailing from the United States Postal Service stamped with the date of mailing as required by Tennessee Code Annotated § 29-26-121 (a). I attach as Exhibit 11 a copy of the Notice letter sent to St. Thomas Health along with a copy of the enclosures to the letter which includes a list of the names and addresses of all healthcare providers who were served Notice pursuant to T.C.A. § 29-26-121 and a HIPAA

compliant medical authorization permitting St. Thomas Health to obtain complete medical records from each provider being sent Notice.

13. On December 11, 2013, I mailed by certified mail, return receipt requested, a Notice letter and enclosures to St. Thomas Health at the address for the agent for service of process listed on the Tennessee Secretary of State website (E. Berry Holt, III, 102 Woodmont Blvd., Suite 800, Nashville, TN 37205-2221). I obtained a Certificate of Mailing from the United States Postal Service stamped with the date of mailing as required by Tennessee Code Annotated § 29-26-121 (a). I attach as Exhibit 12 a copy of the Notice letter sent to St. Thomas Health along with a copy of the enclosures to the letter which includes a list of the names and addresses of all healthcare providers who were served Notice pursuant to T.C.A. § 29-26-121 and a HIPAA compliant medical authorization permitting St. Thomas Health to obtain complete medical records from each provider being sent Notice.

14. On December 11, 2013, I mailed an amended Notice letter noting an updated list of health care providers, a HIPAA compliant medical authorization and enclosures to Howell Allen Clinic A Professional Corporation at the address for the agent for service of process listed on the Tennessee Secretary of State website (Gregory B. Lanford, M.D., 2011 Murphy Ave., Suite 301, Nashville, TN 37203-2023). I obtained a Certificate of Mailing from the United States Postal Service stamped with the date of mailing as required by Tennessee Code Annotated § 29-26-121 (a). I attach as Exhibit 13 a copy of the amended Notice letter sent to Howell Allen Clinic A Professional Corporation along with a copy of the enclosures to the letter which includes an updated list of the names and addresses of all healthcare providers who were served an amended Notice pursuant to T.C.A. § 29-26-121 and a HIPAA compliant medical

authorization permitting Howell Allen Clinic A Professional Corporation to obtain complete medical records from each provider being sent Notice.

15. On December 11, 2013, I mailed an amended Notice letter noting an updated list of health care providers, a HIPAA compliant medical authorization and enclosures to Saint Thomas Outpatient Neurosurgical Center, LLC at the address for the agent for service of process listed on the Tennessee Secretary of State website (Gregory B. Lanford, M.D., 2011 Murphy Ave., Suite 301, Nashville, TN 37203-2023) and the provider's current business address (4230 Harding Pike, Floor 9, Nashville, TN 37205-2013). I obtained Certificates of Mailing from the United States Postal Service stamped with the date of mailing as required by Tennessee Code Annotated § 29-26-121 (a). I attach as Exhibit 14 a copy of the amended Notice letters sent to Saint Thomas Outpatient Neurosurgical Center, LLC along with a copy of the enclosures to the letter which includes an updated list of the names and addresses of all healthcare providers who were served an amended Notice pursuant to T.C.A. § 29-26-121 and a HIPAA compliant medical authorization permitting Saint Thomas Outpatient Neurosurgical Center, LLC to obtain complete medical records from each provider being sent Notice.

16. On December 11, 2013, I mailed an amended Notice letter noting an updated list of health care providers, a HIPAA compliant medical authorization and enclosures to Vaughan A. Allen, M.D. at the provider's current business address listed on the Tennessee Department of Health website (2011 Murphy Ave., Suite 301, Nashville, TN 37203-2023). I obtained a Certificate of Mailing from the United States Postal Service stamped with the date of mailing as required by Tennessee Code Annotated § 29-26-121 (a). I attach as Exhibit 15 a copy of the amended Notice letter sent to Vaughan A. Allen, M.D. along with a copy of the enclosures to the letter which includes a list of the names and addresses of all healthcare providers who were

served an amended Notice pursuant to T.C.A. § 29-26-121 and a HIPAA compliant medical authorization permitting Vaughan A. Allen, M.D. to obtain complete medical records from each provider being sent Notice.

17. Finally, attached as Exhibit 16 is a copy of the Certificates of Mailing from the United States Postal Service stamped with the date of mailing of the Notices and enclosures sent to St. Thomas Hospital (St. Thomas West Hospital), St. Thomas Network and St. Thomas Health and a copy of the Certificates of Mailing from the United States Post Service stamped with the date of mailing of the amended Notices and enclosures sent to Howell Allen Clinic A Professional Corporation, St Thomas Outpatient Neurological Center and Vaughan A. Allen, M.D.

FURTHER AFFIANT SAITH NOT.


Olivia F. Colonero

State of Massachusetts)
)
County of Suffolk)

Personally appeared before me, the undersigned, a Notary Public of said County and State, Olivia F. Colonero, with whom I am personally acquainted or proved to me on the basis of satisfactory evidence, and who acknowledged that the foregoing was sworn to and executed for the purpose therein contained.

This 13th day of December, 2013.

Sawana L. Di'Arrio
Notary Public

My commission expires: February 4, 2016

EXHIBIT 1



Janet, Jenner & Suggs, LLC

ATTORNEYS AT LAW

Howard A. Janet, P.C.* | Kenneth M. Suggs* | Robert K. Jenner, P.C.* ±
Dov Apfel* ± | Stephen C. Offutt* ± = | Giles H. Manley, M.D., J.D.* | Gerald D. Jowers, Jr.* | Brian D. Ketterer Δ

Sharon R. Guzejko* | Kimberly A. Dougherty ◊ | Francis M. Hinson, IV* | Hal J. Kleinman Δ ‡ | Tara J. Posner* ± † | Elisha N. Hawk* ± =
Justin A. Browne* | Joyce E. Jones* | Jessica H. Meeder* ± | Leah K. Barron* | Lindsey M. Craig* | Jason B. Penn* ±
Seth L. Cardeli \$* | Samuel M. Collings* ± | William F. Burnham*

OF COUNSEL

John C. Hensley, Jr.* | Steven J. German \$* ± | Joel M. Rubenstein \$* | Thomas G. Wilson* †

BAR MEMBERSHIPS

* Maryland | * South Carolina | ◊ Massachusetts | ± District of Columbia | = Minnesota | Δ Pennsylvania
‡ Illinois | † Florida | * North Carolina | \$ New York | * New Jersey | ■ West Virginia | • California

August 23, 2013

CERTIFIED MAIL, RETURN RECEIPT REQUESTED

Vaughan A. Allen, M.D.
2011 Murphy Ave., Suite 301
Nashville, TN 37203-2023

Re: Gokulbhai Maganbhai Patel, deceased
Notice of health care liability claim required by
Tennessee Code Annotated § 29-26-121

To Vaughan A. Allen, M.D.:

We are the attorneys representing Pinal Patel.

Through his attorneys, Pinal Patel, individually, and as Personal Representative of the Estate of Gokulbhai Maganbhai Patel, is asserting a claim for health care liability against Saint Thomas Outpatient Neurosurgical Center, LLC, Howell Allen Clinic A Professional Corporation, and Vaughan A. Allen, M.D., including their agents, employees, physicians, nurses and pharmacists. This potential claim arises out of care, medicines and services provided by you, your employees and/or agents to Gokulbhai Maganbhai Patel from August 2012 through September 2012.

The full name and date of birth of the patient whose treatment is at issue:

Gokulbhai Maganbhai Patel
Date of Birth: September 1, 1932

MASSACHUSETTS OFFICE

Kimberly A. Dougherty, Managing Attorney

31 St. James Avenue, Suite 305 | Boston, Massachusetts 02116
617-933-1265 | Fax 410-653-6903 | 1-877-692-3862 | 1-877-MY-ADVOCATES
info@MyAdvocates.com | MyAdvocates.com

Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia

Janet, Jenner & Suggs, LLC

ATTORNEYS AT LAW

The name and address of the claimant authorizing this notice, and their relationship to the patient:

Pinal Patel, Personal Representative of the Estate of Gokulbhai Maganbhai Patel
315 S. Main Street
Goodlettsville, TN 37072

The name and address of the attorney sending this notice:

Kimberly A. Dougherty
Janet, Jenner & Suggs, LLC
31 St. James Avenue, Suite 365
Boston, Massachusetts 02116

Attached hereto is a list of all healthcare providers to whom notice is being given pursuant to Tennessee Code Annotated § 29-26-121(a)(2)(D).

Pursuant to Tennessee Code Annotated § 29-26-121 (a)(2)(E), I also enclose a HIPPA compliant medical authorization permitting you to obtain complete medical records on Gokulbhai Maganbhai Patel from each provider being sent a notice. If any of those providers do not accept this authorization for any reason, please contact us and we will arrange to execute an authorization acceptable to them that will permit you to obtain complete medical records on Gokulbhai Maganbhai Patel.

Neither this notice nor the medical authorization waives the common law physician patient privilege concerning the care and treatment of Gokulbhai Maganbhai Patel by any doctor who provided medical services for Gokulbhai Maganbhai Patel. We expect that you will not communicate with any person other than your attorney about any doctor's care and treatment of Gokulbhai Maganbhai Patel.

We believe this letter complies with the letter and spirit of Tennessee Code Annotated § 29-26-121. If you believe it is deficient in any way, please let us know and any defect will be promptly cured. If we do not hear from you we will assume that you agree the letter complies with the law.

Very truly yours,



Kimberly A. Dougherty

MASSACHUSETTS OFFICE

Kimberly A. Dougherty, Managing Attorney

31 St. James Avenue, Suite 365 | Boston, Massachusetts 02116

617-933-1265 | Fax 410-653-6903 | 1-877-692-3862 | 1-877-MY-ADVOCATES

info@MyAdvocates.com | MyAdvocates.com

Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia

Janet, Jenner & Suggs, LLC
— ATTORNEYS AT LAW —

Enclosures

cc: Pinal Patel (*via first-class mail*)

MASSACHUSETTS OFFICE

Kimberly A. Dougherty, Managing Attorney

31 St. James Avenue, Suite 365 | Boston, Massachusetts 02116

617-943-1265 | Fax 410-653-6903 | 1-877-692-3862 | 1-877-MY-ADVOCATES
info@MyAdvocates.com | MyAdvocates.com

Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia

HIPAA RELEASE GENERAL AUTHORIZATION

REQUEST TO:

I HEREBY AUTHORIZE _____ to release the
information specified below for the date(s): _____ through _____.

THE INFORMATION REQUESTED IS FOR LITIGATION PURPOSES AND IS TO
BE RELEASED TO:

**Robert K. Jenner
Janet, Jenner & Suggs, LLC
Commerce Center
1777 Reisterstown Rd, Suite 165
Baltimore, MD 21208**

**Rosie Oldham, RN, BS, LNCC
R&G Medical Legal Solutions, LLC
PO Box 5339
Peoria, AZ 85385-5339**

INFORMATION TO BE RELEASED

<input type="checkbox"/> Municipal, Governmental, Fire or Police Records	<input type="checkbox"/> Inpatient Date _____	<input checked="" type="checkbox"/> X-rays (digital)
<input type="checkbox"/> Federal or State Tax information or records	<input type="checkbox"/> Outpatient Date _____	<input checked="" type="checkbox"/> X-ray reports
<input type="checkbox"/> Wage, income or earning records or reports	<input checked="" type="checkbox"/> X Emergency Room records	<input checked="" type="checkbox"/> ENTIRE RECORD
<input checked="" type="checkbox"/> Laboratory reports	<input type="checkbox"/> Face Sheet	<input checked="" type="checkbox"/> Billing Records
<input checked="" type="checkbox"/> Report and/or records from physician, therapist	<input checked="" type="checkbox"/> History & Physical	<input type="checkbox"/> Steroid Injection Information [e.g., manufacturer, Lot #]
	<input checked="" type="checkbox"/> Discharge summary	<input checked="" type="checkbox"/> Color copies of any photographs
	<input checked="" type="checkbox"/> Consultation reports	<input type="checkbox"/> Test Results [e.g., Spinal Tap]
	<input checked="" type="checkbox"/> Surgery & Pathology reports	
	<input type="checkbox"/> MRIs (digital)	

I understand the requested medical records may include information relating to: **alcohol and/or drug abuse, psychiatric treatment, HIV/Aids testing or treatment, sexually transmitted disease, and/or communicable or noncommunicable disease information.** Such information is covered by Federal Confidentiality Regulation [42CFR, Part 2] and can't be

disclosed without my written consent. I also expressly acknowledge note of this under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Regulation [45 CFR, § 164.512(e)(1)(ii)]. I understand that the information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by Federal Law. My signature on this form authorizes the release of this information as well as all other requested information in the records.

I understand that I may refuse to sign this authorization and refusal to sign will not affect my ability to obtain treatment, enroll in any health plan or payment/benefit eligibility.

I understand that I may revoke this authorization in writing at any time except for information which may have been disclosed by the above named provider prior to the receipt of such revocation. This authorization is valid for three (3) years. The above named provider should respond to this request, or subsequent requests for information from JANET, JENNER & SUGGS, LLC, R&G Medical Legal Solutions, LLC, or their representatives, at any time unless the above named health care provider receives a written revocation from me.

THIS AUTHORIZATION does allow the named healthcare provider to discuss my health information, history of care or condition with, or be interviewed by, members of the law firm of JANET, JENNER & SUGGS, LLC, and/or R&G Medical Legal Solutions, LLC.

A photocopy of this authorization is to be considered as valid as the original.

Dated: _____	Signature: _____
SSN: _____	Printed Name: _____
DOB: _____	Address: _____

The following is a list of all providers to whom notice is being given pursuant to Tennessee Code Annotated § 29-26-121 (a)(2)(D):

Re: Pinal Patel, Personal Representative of the Estate of Gokulbhai Maganbhai Patel, deceased

Saint Thomas Outpatient Neurosurgical Center, LLC
Gregory B. Lanford, M.D., Registered Agent for Service of Process
2011 Murphy Ave., Ste 301
Nashville, TN 37203-2023

Saint Thomas Outpatient Neurosurgical Center, LLC
Floor 9
4230 Harding Pike
Nashville, TN 37205-2013

Howell Allen Clinic A Professional Corporation
Gregory B. Lanford, M.D., Registered Agent for Service of Process
2011 Murphy Ave., Ste 301
Nashville, TN 37203-2023

Vaughan A. Allen, M.D
2011 Murphy Ave., Ste 301
Nashville, TN 37203-2023

EXHIBIT 2



Janet, Jenner & Suggs, LLC

ATTORNEYS AT LAW

Howard A. Janet, P.C.* | Kenneth M. Suggs* | Robert K. Jenner, P.C.* ±
Dov Apfel* ± | Stephen C. Offutt* ± ± | Giles H. Manley, M.D., J.D.* | Gerald D. Jowers, Jr.* | Brian D. Ketterer Δ

Sharon R. Guzejko* | Kimberly A. Dougherty Δ | Francis M. Hinson, IV* | Hal J. Kleinman Δ ± | Tara J. Posner* ± † | Elisha N. Hawk* ± ±
Justin A. Browne* | Joyce E. Jones* | Jessica H. Meeder* ± | Leah K. Barron* | Lindsay M. Craig* | Jason B. Penn* ±
Seth L. Cardeli \$* | Samuel M. Collings* ± | William F. Burnham*

OF COUNSEL

John C. Hensley, Jr.* | Steven J. German \$* ± | Joel M. Rubenstein \$* ± | Thomas G. Wilson* ± †

BAR MEMBERSHIPS:

* Maryland | • South Carolina | Δ Massachusetts | ± District of Columbia | ± Minnesota | Δ Pennsylvania
‡ Illinois | † Florida | • North Carolina | \$ New York | • New Jersey | • West Virginia | • California

December 5, 2013

CERTIFIED MAIL, RETURN RECEIPT REQUESTED
CERTIFICATE OF MAILING

Vaughn A. Allen, M.D.
2011 Murphy Ave., Suite 301
Nashville, TN 37203-2023

Re: Gokulbhai Maganbhai Patel
HIPAA Compliant Authorization

To Vaughn A. Allen:

Enclosed please find an amended HIPAA compliant authorization and Notice of Claim.

Very truly yours,

A handwritten signature in black ink, appearing to read 'Kimberly A. Dougherty', is written over a horizontal line.

Kimberly A. Dougherty

Enclosure

MASSACHUSETTS OFFICE

Kimberly A. Dougherty, Managing Attorney

31 St. James Avenue, Suite 365 | Boston, Massachusetts 02116
617-933-1265 | Fax 410-653-6903 | 1-877-692-3862 | 1-877-MY-ADVOCATES
info@MyAdvocates.com | MyAdvocates.com

Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia



Janet, Jenner & Suggs, LLC

ATTORNEYS AT LAW

Howard A. Janet, P.C.* | Kenneth M. Suggs* | Robert K. Jenner, P.C.* ±
Dov Apfel* ± | Stephen C. Offutt* ± ± | Giles H. Manley, M.D., J.D.* | Gerald D. Jowers, Jr.* | Brian D. Ketterer Δ

Sharon R. Guzejko* | Kimberly A. Dougherty Δ | Francis M. Hinson, IV* | Hal J. Kleinman Δ ± | Tara J. Posner* ± † | Elisha N. Hawk* ± ±
Justin A. Browne* | Joyce E. Jones* | Jessica H. Meeder* ± | Leah K. Barron* | Lindsey M. Craig* | Jason B. Penn* ±
Seth L. Cardeli \$ ± | Samuel M. Collings* ± | William F. Burnham*

OF COUNSEL

John C. Hensley, Jr.* | Steven J. German \$ ± ± | Joel M. Rubenstein \$ ± ± | Thomas G. Wilson ± † ±

BAR MEMBERSHIPS

* Maryland | * South Carolina | Δ Massachusetts | ± District of Columbia | ± Minnesota | Δ Pennsylvania
‡ Illinois | † Florida | ° North Carolina | \$ New York | ± New Jersey | ± West Virginia | ± California

December 5, 2013

CERTIFIED MAIL, RETURN RECEIPT REQUESTED CERTIFICATE OF MAILING

Vaughn A. Allen, M.D.
2011 Murphy Ave., Suite 301
Nashville, TN 37203-2023

Re: Gokulbhai Maganbhai Patel
Notice of health care liability claim required by
Tennessee Code Annotated § 29-26-121

To Vaughan A. Allen:

We are the attorneys representing Gokulbhai Maganbhai Patel.

Through his attorneys, Pinal Patel, individually, and as Personal Representative of the Estate of Gokulbhai Maganbhai Patel, is asserting a claim for health care liability against Saint Thomas Outpatient Neurosurgical Center, LLC, Howell Allen Clinic A Professional Corporation and Vaughn A. Allen, M.D., including their agents, employees, physicians, nurses and pharmacists. This potential claim arises out of care, medicines and services provided by you, your employees and/or agents to Gokulbhai Maganbhai Patel from August 2012 through September 2012.

The full name and date of birth of the patient whose treatment is at issue:

Gokulbhai Maganbhai Patel
Date of Birth: September 1, 1932

MASSACHUSETTS OFFICE

Kimberly A. Dougherty, Managing Attorney

31 St. James Avenue, Suite 365 | Boston, Massachusetts 02116
617-933-1265 | Fax 410-653-6903 | 1-877-692-3862 | 1-877-MY-ADVOCATES
Info@MyAdvocates.com | MyAdvocates.com

Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia

Janet, Jenner & Suggs, LLC
ATTORNEYS AT LAW

The name and address of the claimant authorizing this notice:

Pinal Patel, Personal Representative of the Estate of Gokulbhai Maganbhai Patel
315 S. Main Street
Goodlettsville, TN 37072

The name and address of the attorney sending this notice:

Kimberly A. Dougherty
Janet, Jenner & Suggs, LLC
31 St. James Avenue, Suite 365
Boston, Massachusetts 02116

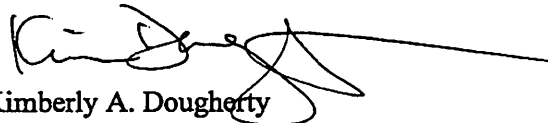
Attached hereto is a list of all healthcare providers to whom notice is being given pursuant to Tennessee Code Annotated § 29-26-121(a)(2)(D).

Pursuant to Tennessee Code Annotated § 29-26-121 (a)(2)(E), I also enclose a HIPPA compliant medical authorization permitting you to obtain complete medical records on Gokulbhai Maganbhai Patel from each provider being sent a notice. Also enclosed is Mr. Patel's death certificate and the Letter of Administration for Pinal Patel. If any of those providers do not accept this authorization for any reason, please contact us and we will arrange to execute an authorization acceptable to them that will permit you to obtain complete medical records on Gokulbhai Maganbhai Patel.

Neither this notice nor the medical authorization waives the common law physician patient privilege concerning that care and treatment of Gokulbhai Maganbhai Patel by any doctor who provided medical services for Gokulbhai Maganbhai Patel. We expect that you will not communicate with any person other than your attorney about any doctor's care and treatment of Gokulbhai Maganbhai Patel.

We believe this letter complies with the letter and spirit of Tennessee Code Annotated § 29-26-121. If you believe it is deficient in any way, please let us know and any defect will be promptly cured. If we do not hear from you we will assume that you agree the letter complies with the law.

Very truly yours,



Kimberly A. Dougherty

Enclosures

MASSACHUSETTS OFFICE:
Kimberly A. Dougherty, Managing Attorney

31 St. James Avenue, Suite 365 | Boston, Massachusetts 02116
617-933-1265 | Fax 410-653-6903 | 1-877-692-3862 | 1-877-MY-ADVOCATES
info@MyAdvocates.com | MyAdvocates.com

Janet, Jenner & Suggs, LLC

ATTORNEYS AT LAW

cc: Pinal Patel (*via first-class mail*)
Myra Staggs (*via electronic mail*)

MASSACHUSETTS OFFICE

Kimberly A. Dougherty, Managing Attorney

31 St. James Avenue, Suite 365 | Boston, Massachusetts 02116

617-933-1265 | Fax 410-653-6903 | 1-877-692-3862 | 1-877-MY-ADVOCATES

info@MyAdvocates.com | MyAdvocates.com

The following is a list of all providers to whom notice is being given pursuant to Tennessee Code Annotated § 29-26-121 (a)(2)(D):

Saint Thomas Outpatient Neurosurgical Center, LLC
Gregory B. Lanford, M.D., Registered Agent for Service of Process
2011 Murphy Ave., Ste 301
Nashville, TN 37203-2023

Saint Thomas Outpatient Neurosurgical Center, LLC
Floor 9
4230 Harding Pike
Nashville, TN 37203-2013

Howell Allen Clinic A Professional Corporation
Gregory B. Lanford, M.D., Registered Agent for Service of Process
2011 Murphy Ave., Ste 301
Nashville, TN 37203-2023

Vaughn A. Allen, M.D
2011 Murphy Ave., Ste 301
Nashville, TN 37203-2023

HIPAA RELEASE GENERAL AUTHORIZATION

REQUEST TO: _____

I HEREBY AUTHORIZE _____ to release the
 information specified below for the date(s): _____ through _____

THE INFORMATION REQUESTED IS FOR **LITIGATION PURPOSES** AND IS TO
 BE RELEASED TO:

INFORMATION TO BE RELEASED

<input type="checkbox"/> Municipal, Governmental, Fire or Police Records	<input type="checkbox"/> Inpatient Date _____	<input checked="" type="checkbox"/> X-rays (digital)
<input type="checkbox"/> Federal or State Tax information or records	<input type="checkbox"/> Outpatient Date _____	<input checked="" type="checkbox"/> X-ray reports
<input type="checkbox"/> Wage, income or earning records or reports	<input checked="" type="checkbox"/> X Emergency Room records	<input checked="" type="checkbox"/> ENTIRE RECORD
<input checked="" type="checkbox"/> Laboratory reports	<input type="checkbox"/> Face Sheet	<input checked="" type="checkbox"/> Billing Records
<input checked="" type="checkbox"/> Report and/or records from physician, therapist	<input checked="" type="checkbox"/> X History & Physical	<input type="checkbox"/> Steroid Injection Information [e.g., manufacturer, Lot #]
	<input checked="" type="checkbox"/> X Discharge summary	<input checked="" type="checkbox"/> Color copies of any photographs
	<input checked="" type="checkbox"/> X Consultation reports	<input type="checkbox"/> Test Results [e.g., Spinal Tap]
	<input checked="" type="checkbox"/> X Surgery & Pathology reports	
	<input type="checkbox"/> MRIs (digital)	

I understand the requested medical records may include information relating to: alcohol and/or drug abuse, psychiatric treatment, HIV/Aids testing or treatment, sexually transmitted disease, and/or communicable or noncommunicable disease information. Such information is covered by Federal Confidentiality Regulation [42CFR, Part 2] and can't be

disclosed without my written consent. I also expressly acknowledge note of this under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Regulation [45 CFR, § 164.512(e)(1)(ii)]. I understand that the information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by Federal Law. My signature on this form authorizes the release of this information as well as all other requested information in the records.


I understand that I may refuse to sign this authorization and refusal to sign will not affect my ability to obtain treatment, enroll in any health plan or payment/benefit eligibility.

I understand that I may revoke this authorization in writing at any time except for information which may have been disclosed by the above named provider prior to the receipt of such revocation. This authorization is valid for three (3) years. The above named provider should respond to this request, or subsequent requests for information from _____ or their representatives, at any time unless the above named health care provider receives a written revocation from me.

THIS AUTHORIZATION does allow the named healthcare provider to discuss my health information, history of care or condition with, or be interviewed by, members of _____

A photocopy of this authorization is to be considered as valid as the original.

Dated: 8/15/13
 SSN: 408-83-8265
 DOB: 09/01/32
 DOD: 01/22/13

Signature: 
 Printed Name: Pinal Patel
 Address: 315 S Main St
Goodlettsville, TN 37072
 Individually, As Personal
 Representative of the Estate
 of Gokulbhai M. Patel

STATE OF TENNESSEE Office of Vital Records									
TENNESSEE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH								STATE FILE NUMBER	
1. DECEASED'S LEGAL NAME (Print, Middle, Last, Suffix) Golubhai Megarbhai Patel				2. SEX Male		3. DATE OF DEATH (Month, Day, Year) January 22, 2013			
4. TIME OF DEATH (Approx.) 02:15 AM		5. AGE (Last Birthday) (Years) 80		6. DECEASED'S US BIRTH DATE (Month, Day, Year) September 1, 1932		7. BIRTHPLACE (City and State or Foreign Country) Vihar, India			
8. PLACE OF DEATH (Check only one) <input type="checkbox"/> In a hospital <input type="checkbox"/> In a nursing home <input type="checkbox"/> In a long-term care facility <input type="checkbox"/> In a hospice <input type="checkbox"/> In a private residence <input type="checkbox"/> Other (Specify) _____									
9. FACILITY NAME (If not institution, give street and number) Heritage Medical Center				10. CITY OR TOWN Shelbyville		11. COUNTY OF DEATH Bedford			
12. SOCIAL SECURITY NUMBER 408-83-6265		13. RESIDENCE STATE OR FOREIGN COUNTRY Tennessee		14. DECEASED'S US BIRTH DATE (Month, Day, Year) September 1, 1932		15. DECEASED'S US BIRTHPLACE (City and State or Foreign Country) Shelbyville			
16. DECEASED'S EDUCATION (Check the best that describes the highest degree or level of education completed at the time of death) <input checked="" type="checkbox"/> High school or less <input type="checkbox"/> High school graduate or GED certificate <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (e.g., AA, AB) <input type="checkbox"/> Bachelor's degree (e.g., BA, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEd, MEd, MEd) <input type="checkbox"/> Doctorate (e.g., PhD, MD, JD, DVM, LL.M., etc.)				17. DECEASED'S RACE (Check one or more items to indicate what the decedent considered himself or herself to be) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) _____ <input type="checkbox"/> Hawaiian Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify) _____ <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Unknown		18. BROTHER'S NAME PRIOR TO FIRST MARRIAGE (Print, Middle, Last) Promiben Megarbhai			
19. FATHER'S NAME (Print, Middle, Last) Megarbhai Moibhai				20. RELATIONSHIP TO DECEASED Son		21. ADDRESS ADDRESS (Street and Number, City, State, Zip Code) 400 S. Cannon Blvd., Shelbyville TN 37160			
22. METHOD OF DEATH (Check one) <input type="checkbox"/> Natural <input type="checkbox"/> Unnatural <input type="checkbox"/> Suicide <input type="checkbox"/> Unknown				23. PLACE OF DEATH (Name of cemetery, other place) Moore Corner Funeral Home		24. LOCATION (City or Town and State) Winchester TN			
25. NAME AND ADDRESS OF FUNERAL HOME Feldhaus Memorial Chapel 2022 N. Main Street, Shelbyville TN 37160				26. DECEASED'S SIGNATURE <i>James David Feldhaus</i>		27. DATE OF SIGNATURE (Month, Day, Year) Jan 23 2013			
28. PHYSICIAN (To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner stated) <input checked="" type="checkbox"/> MEDICAL EXAMINER - On the basis of postmortem, autopsy investigation, in my opinion, death occurred at the date, and place, and due to the cause(s) and manner stated.				29. SIGNATURE OF DECEASED <i>James David Feldhaus</i>		30. DATE OF DEATH (Month, Day, Year) Jan 22 2013			
31. PART I. Enter the cause(s) of death (Immediate, remote, or contributory) and directly caused the death. Do NOT enter immediate events such as cardiac arrest, respiratory arrest, or vascular collapse without showing the etiology. (List only one cause in I line) IMMEDIATE CAUSE: COPD (Final diagnosis or condition resulting in death) Secondary to the condition, if any, leading to the cause listed in line I. Enter the UNDERLYING CAUSE (Cause(s) or injury that initiated the events resulting in death last) CAD, INDM, Fungal meningitis				32. IF FEMALE <input type="checkbox"/> Not pregnant with last year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, and pregnant within 42 days of death <input type="checkbox"/> Unknown if pregnant within the past year		33. IF FEMALE <input type="checkbox"/> Not pregnant with last year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, and pregnant within 42 days of death <input type="checkbox"/> Unknown if pregnant within the past year			
34. DATE OF INJURY (Month, Day, Year) Jan 22 2013				35. TIME OF INJURY 02:15 AM		36. PLACE OF INJURY (at home, hotel, street, factory, office, building, etc.) at home			
37. IF DEPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) _____				38. DESCRIBE HOW INJURY OCCURRED		39. LOCATION OF INJURY (Street and Number, City or Town, State)			

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Department of Health. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

5699318

T. Hendricks
Teresa S. Hendricks
STATE REGISTRAR

James E. Ray (DR)
Deputy Registrar
Bedford County

Date Issued
Jan 23 2013

CERTIFICATION OF VITAL RECORD

SEVENTH CIRCUIT COURT OF DAVIDSON COUNTY, TENNESSEE

LETTERS OF ADMINISTRATION

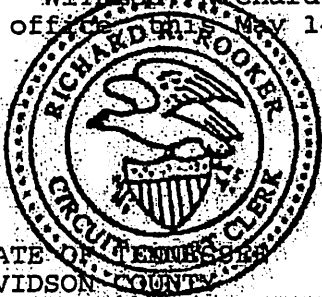
13P832

TO PINAL PATEL :

It appearing to the Court, that GOKULBHAI MAGANBHAI PATEL, has died, and leaving no will, and the Court being satisfied as to your claim to the Administration, and you having given bond pursuant to Order, if required, and qualified as directed by law, and the Court having ordered that Letters of Administration be issued to you:

THESE ARE THEREFORE to authorize and empower you to take into your possession and control all the goods, chattels, claims, and papers of the said estate, and return a true and perfect inventory thereof to this Court; to collect and pay all debts, and to do and transact all the duties in relation to said estate, to deliver the residue thereof to those who are by law entitled.

WITNESS, Richard R. Rooker, Clerk of Probate Court, at my office, Nashville, May 14, 2013



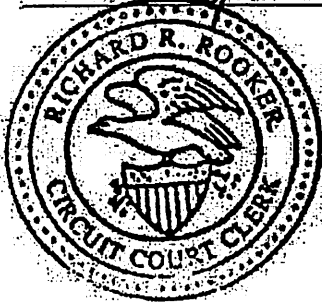
Richard R. Rooker, Clerk

D.C.

STATE OF TENNESSEE
DAVIDSON COUNTY

I, Richard R. Rooker, Clerk of the Probate Court, do hereby certify that the foregoing is a full, true and perfect copy of Letters of Administration, issued to PINAL PATEL, as Administrator of the estate of GOKULBHAI MAGANBHAI PATEL, deceased, and I do further certify that PINAL PATEL is still acting as Administrator of the estate, and all acts as such are entitled to full faith and credit, as it appears from the records filed in my office at Nashville, Tennessee.

WITNESS my hand and official seal, this 14 day of MAY, 2013.



Richard R. Rooker, Clerk

D.C.

EXHIBIT 3



Janet, Jenner & Suggs, LLC

ATTORNEYS AT LAW

Howard A. Janet, P.C.* | Kenneth M. Suggs* | Robert K. Jenner, P.C.* ±
Dov Apfel* ± | Stephen C. Offutt* ± ± | Giles H. Manley, M.D., J.D.* | Gerald D. Jowers, Jr.* | Brian D. Ketterer Δ

Sharon R. Guzejko* | Kimberly A. Dougherty ◊ | Francis M. Hinson, IV* | Hal J. Kleinman Δ ‡ | Tara J. Posner* ± † | Elisha N. Hawk* ± ±
Justin A. Browne* | Joyce E. Jones* | Jessica H. Meeder* ± | Leah K. Barron* | Lindsey M. Craig* | Jason B. Penn* ±
Seth L. Cardeli § ± | Samuel M. Collings* ± | William F. Burnham*

OF COUNSEL

John C. Hensley, Jr.* | Steven J. German § ± ± | Joel M. Rubenstein § ± | Thomas G. Wilson † ±

BAR MEMBERSHIPS

* Maryland | ◊ South Carolina | ◊ Massachusetts | ± District of Columbia | ± Minnesota | Δ Pennsylvania
‡ Illinois | † Florida | ◊ North Carolina | § New York | ± New Jersey | ± West Virginia | • California

August 23, 2013

CERTIFIED MAIL, RETURN RECEIPT REQUESTED

Saint Thomas Outpatient Neurosurgical Center, LLC
Gregory B. Lanford, M.D. Registered Agent for Service of Process
2011 Murphy Ave., Suite 301
Nashville, TN 37203-2023

Saint Thomas Outpatient Neurosurgical Center, LLC
Floor 9
4230 Harding Pike
Nashville, TN 37205-2013

Re: Gokulbhai Maganbhai Patel, deceased
Notice of health care liability claim required by
Tennessee Code Annotated § 29-26-121

To Saint Thomas Outpatient Neurosurgical Center, LLC:

We are the attorneys representing Pinal Patel.

Through his attorneys, Pinal Patel, individually, and as Personal Representative of the Estate of Gokulbhai Maganbhai Patel, is asserting a claim for health care liability against Saint Thomas Outpatient Neurosurgical Center, LLC, Howell Allen Clinic A Professional Corporation, and Vaughan A. Allen, M.D., including their agents, employees, physicians, nurses and pharmacists. This potential claim arises out of care, medicines and services provided by employees and/or agents of Saint Thomas Outpatient Neurosurgical Center, LLC to Gokulbhai Maganbhai Patel from August 2012 through September 2012.

MASSACHUSETTS OFFICE

Kimberly A. Dougherty, Managing Attorney

31 St. James Avenue, Suite 305 | Boston, Massachusetts 02116
617-933-1265 | Fax 410-653-6903 | 1-877-692-3862 | 1-877-MY-ADVOCATES
info@MyAdvocates.com | MyAdvocates.com

Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia

Janet, Jenner & Suggs, LLC

ATTORNEYS AT LAW

The full name and date of birth of the patient whose treatment is at issue:

Gokulbhai Maganbhai Patel

Date of Birth: September 1, 1932

The name and address of the claimant authorizing this notice, and their relationship to the patient:

Pinal Patel, Personal Representative of the Estate of Gokulbhai Maganbhai Patel

315 S. Main Street

Goodlettsville, TN 37072

The name and address of the attorney sending this notice:

Kimberly A. Dougherty

Janet, Jenner & Suggs, LLC

31 St. James Avenue, Suite 365

Boston, Massachusetts 02116

Attached hereto is a list of all healthcare providers to whom notice is being given pursuant to Tennessee Code Annotated § 29-26-121(a)(2)(D).

Pursuant to Tennessee Code Annotated § 29-26-121 (a)(2)(E), I also enclose a HIPPA compliant medical authorization permitting you to obtain complete medical records on Gokulbhai Maganbhai Patel from each provider being sent a notice. If any of those providers do not accept this authorization for any reason, please contact us and we will arrange to execute an authorization acceptable to them that will permit you to obtain complete medical records on Gokulbhai Maganbhai Patel.

Neither this notice nor the medical authorization waives the common law physician patient privilege concerning the care and treatment of Gokulbhai Maganbhai Patel by any doctor who provided medical services for Gokulbhai Maganbhai Patel. We expect that you will not communicate with any person other than your attorney about any doctor's care and treatment of Gokulbhai Maganbhai Patel.

We believe this letter complies with the letter and spirit of Tennessee Code Annotated § 29-26-121. If you believe it is deficient in any way, please let us know and any defect will be promptly cured. If we do not hear from you we will assume that you agree the letter complies with the law.

MASSACHUSETTS OFFICE

Kimberly A. Dougherty, Managing Attorney

31 St. James Avenue, Suite 365 | Boston, Massachusetts 02116

617-933-1265 | Fax 410-653-6903 | 1-877-692-3862 | 1-877-MY-ADVOCATES

info@MyAdvocates.com | MyAdvocates.com

Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia

Janet, Jenner & Suggs, LLC
ATTORNEYS AT LAW

Very truly yours,



Kimberly A. Dougherty

Enclosures

cc: Pinal Patel (*via first-class mail*)

MASSACHUSETTS OFFICE

Kimberly A. Dougherty, Managing Attorney

31 St. James Avenue, Suite 365 | Boston, Massachusetts 02116

617-933-1265 | Fax 410-653-6903 | 1-877-692-3862 | 1-877-MY-ADVOCATES

info@MyAdvocates.com | MyAdvocates.com

Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia

HIPAA RELEASE GENERAL AUTHORIZATION

REQUEST TO:

I HEREBY AUTHORIZE _____ to release the
 information specified below for the date(s): _____ through _____.

THE INFORMATION REQUESTED IS FOR LITIGATION PURPOSES AND IS TO
 BE RELEASED TO:

Robert K. Jenner
Janet, Jenner & Suggs, LLC
Commerce Center
1777 Reisterstown Rd, Suite 165
Baltimore, MD 21208

Rosie Oldham, RN, BS, LNCC
R&G Medical Legal Solutions, LLC
PO Box 5339
Peoria, AZ 85385-5339

INFORMATION TO BE RELEASED

<input type="checkbox"/> Municipal, Governmental, Fire or Police Records	<input type="checkbox"/> Inpatient Date _____	<input checked="" type="checkbox"/> X-rays (digital)
<input type="checkbox"/> Federal or State Tax information or records	<input type="checkbox"/> Outpatient Date _____	<input checked="" type="checkbox"/> X-ray reports
<input type="checkbox"/> Wage, income or earning records or reports	<input checked="" type="checkbox"/> X Emergency Room records	<input checked="" type="checkbox"/> ENTIRE RECORD
<input checked="" type="checkbox"/> Laboratory reports	<input type="checkbox"/> Face Sheet	<input checked="" type="checkbox"/> Billing Records
<input checked="" type="checkbox"/> Report and/or records from physician, therapist	<input checked="" type="checkbox"/> X History & Physical	<input type="checkbox"/> Steroid Injection Information [e.g., manufacturer, Lot #]
	<input checked="" type="checkbox"/> X Discharge summary	<input checked="" type="checkbox"/> Color copies of any photographs
	<input checked="" type="checkbox"/> X Consultation reports	<input type="checkbox"/> Test Results [e.g., Spinal Tap]
	<input checked="" type="checkbox"/> X Surgery & Pathology reports	
	<input type="checkbox"/> MRIs (digital)	

I understand the requested medical records may include information relating to: alcohol and/or drug abuse, psychiatric treatment, HIV/Aids testing or treatment, sexually transmitted disease, and/or communicable or noncommunicable disease information. Such information is covered by Federal Confidentiality Regulation [42CFR, Part 2] and can't be

disclosed without my written consent. I also expressly acknowledge note of this under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Regulation [45 CFR, § 164.512(e)(1)(ii)]. I understand that the information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by Federal Law. My signature on this form authorizes the release of this information as well as all other requested information in the records.

I understand that I may refuse to sign this authorization and refusal to sign will not affect my ability to obtain treatment, enroll in any health plan or payment/benefit eligibility.

I understand that I may revoke this authorization in writing at any time except for information which may have been disclosed by the above named provider prior to the receipt of such revocation. This authorization is valid for three (3) years. The above named provider should respond to this request, or subsequent requests for information from JANET, JENNER & SUGGS, LLC, R&G Medical Legal Solutions, LLC, or their representatives, at any time unless the above named health care provider receives a written revocation from me.

THIS AUTHORIZATION does allow the named healthcare provider to discuss my health information, history of care or condition with, or be interviewed by, members of the law firm of JANET, JENNER & SUGGS, LLC, and/or R&G Medical Legal Solutions, LLC.

A photocopy of this authorization is to be considered as valid as the original.

Dated: _____	Signature: _____
SSN: _____	Printed Name: _____
DOB: _____	Address: _____

The following is a list of all providers to whom notice is being given pursuant to Tennessee Code Annotated § 29-26-121 (a)(2)(D):

Re: Pinal Patel, Personal Representative of the Estate of Gokulbhai Maganbhai Patel, deceased

Saint Thomas Outpatient Neurosurgical Center, LLC
Gregory B. Lanford, M.D., Registered Agent for Service of Process
2011 Murphy Ave., Ste 301
Nashville, TN 37203-2023

Saint Thomas Outpatient Neurosurgical Center, LLC
Floor 9
4230 Harding Pike
Nashville, TN 37205-2013

Howell Allen Clinic A Professional Corporation
Gregory B. Lanford, M.D., Registered Agent for Service of Process
2011 Murphy Ave., Ste 301
Nashville, TN 37203-2023

Vaughan A. Allen, M.D
2011 Murphy Ave., Ste 301
Nashville, TN 37203-2023

EXHIBIT 4



Janet, Jenner & Suggs, LLC

ATTORNEYS AT LAW

Howard A. Janet, P.C.* | Kenneth M. Suggs* | Robert K. Jenner, P.C.* ±
Dov Apfel* ± | Stephen C. Offutt* ± ± | Giles H. Manley, M.D., J.D.* | Gerald D. Jowers, Jr.* | Brian D. Ketterer Δ

Sharon R. Guzejko* | Kimberly A. Dougherty Δ | Francis M. Hinson, IV* | Hal J. Kleinman Δ ± | Tara J. Posner* ± † | Elisha N. Hawk* ± ±
Justin A. Browne* | Joyce E. Jones* | Jessica H. Meeder* ± | Leah K. Barron* | Lindsey M. Craig* | Jason B. Penn* ±
Seth L. Cardeli \$ ± | Samuel M. Collings* ± | William F. Burnham*

OF COUNSEL

John C. Hensley, Jr.* | Steven J. German \$ ± ± | Joel M. Rubenstein \$ ± ± | Thomas G. Wilson ± † ±

BAR MEMBERSHIPS

* Maryland | • South Carolina | Δ Massachusetts | ± District of Columbia | = Minnesota | Δ Pennsylvania
‡ Illinois | † Florida | • North Carolina | \$ New York | • New Jersey | ± West Virginia | ± California

December 5, 2013

CERTIFIED MAIL, RETURN RECEIPT REQUESTED

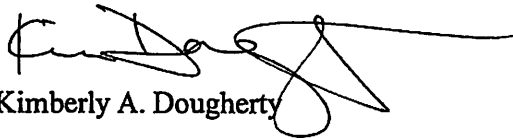
Saint Thomas Outpatient Neurosurgical Center, LLC
Gregory B. Lanford, M.D. Registered Agent for Service of Process:
2011 Murphy Ave., Suite 301
Nashville, TN 37203-2023

Re: Gokulbhai Maganbhai Patel
HIPAA Compliant Authorization

To Saint Thomas Outpatient Neurosurgical Center, LLC:

Enclosed please find an amended HIPAA compliant authorization and Notice of Claim.

Very truly yours,



Kimberly A. Dougherty

Enclosure

December 5, 2013

MASSACHUSETTS OFFICE

Kimberly A. Dougherty, Managing Attorney

31 St. James Avenue, Suite 365 | Boston, Massachusetts 02116
617-933-1265 | Fax 410-653-6903 | 1-877-692-3862 | 1-877-MY-ADVOCATES
info@MyAdvocates.com | MyAdvocates.com

Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia



Janet, Jenner & Suggs, LLC

ATTORNEYS AT LAW

Howard A. Janet, P.C.* | Kenneth M. Suggs* | Robert K. Jenner, P.C.* ±
Dov Apfel* ± | Stephen C. Offutt* ± ± | Giles H. Manley, M.D., J.D.* | Gerald D. Jowers, Jr.* | Brian D. Ketterer Δ

Sharon R. Guzeiko* | Kimberly A. Dougherty ◊ | Francis M. Hinson, IV* | Hal J. Kleinman Δ ± | Tara J. Posner* ± † | Elisha N. Hawk* ± ±
Justin A. Browne* | Joyce E. Jones* | Jessica H. Meeder* ± | Leah K. Barron* | Lindsey M. Craig* | Jason B. Penn* ±
Seth L. Cardeli \$ ± | Samuel M. Collings* ± | William F. Burnham*

OF COUNSEL

John C. Hensley, Jr. ◊ | Steven J. German \$ ± ± | Joel M. Rubenstein \$ ± ± | Thomas G. Wilson ± † ±

BAR MEMBERSHIPS

* Maryland | ◊ South Carolina | ◊ Massachusetts | ± District of Columbia | ± Minnesota | Δ Pennsylvania
‡ Illinois | † Florida | ◊ North Carolina | \$ New York | ± New Jersey | ± West Virginia | ± California

December 5, 2013

CERTIFIED MAIL, RETURN RECEIPT REQUESTED

Saint Thomas Outpatient Neurosurgical Center, LLC
Gregory B. Lanford, M.D. Registered Agent for Service of Process:
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Nashville, TN 37203-2023

Saint Thomas Outpatient Neurosurgical Center, LLC
Floor 9
4230 Harding Pike
Nashville, TN 37205-2013

Re: Gokulbhai Maganbhai Patel
Notice of health care liability claim required by
Tennessee Code Annotated § 29-26-121

To Saint Thomas Outpatient Neurosurgical Center, LLC:

We are the attorneys representing Gokulbhai Maganbhai Patel.

Through his attorneys, Pinal Patel, individually, and as Personal Representative of the Estate of Gokulbhai Maganbhai Patel, is asserting a claim for health care liability against Saint Thomas Outpatient Neurosurgical Center, LLC, Howell Allen Clinic A Professional Corporation and Vaughn A. Allen, M.D., including their agents, employees, physicians, nurses and pharmacists. This potential claim arises out of care, medicines and services provided by employees and/or agents of Saint Thomas Outpatient Neurosurgical Center, LLC to Gokulbhai Maganbhai Patel from August 2012 through September 2012.

MASSACHUSETTS OFFICE

Kimberly A. Dougherty, Managing Attorney

31 St. James Avenue, Suite 365 | Boston, Massachusetts 02116

617-933-1265 | Fax 410-653-6903 | 1-877-692-3862 | 1-877-MY-ADVOCATES

Info@MyAdvocates.com | MyAdvocates.com

Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia

Janet, Jenner & Suggs, LLC
ATTORNEYS AT LAW

The full name and date of birth of the patient whose treatment is at issue:

Gokulbhai Maganbhai Patel
Date of Birth: September 1, 1932

The name and address of the claimant authorizing this notice:

Pinal Patel, Personal Representative of the Estate of Gokulbhai Maganbhai Patel
315 S. Main Street
Goodlettsville, TN 37072

The name and address of the attorney sending this notice:

Kimberly A. Dougherty
Janet, Jenner & Suggs, LLC
31 St. James Avenue, Suite 365
Boston, Massachusetts 02116

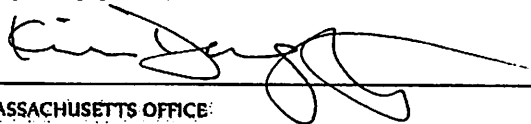
Attached hereto is a list of all healthcare providers to whom notice is being given pursuant to Tennessee Code Annotated § 29-26-121(a)(2)(D).

Pursuant to Tennessee Code Annotated § 29-26-121 (a)(2)(E), I also enclose a HIPPA compliant medical authorization permitting you to obtain complete medical records on Gokulbhai Maganbhai Patel from each provider being sent a notice. Also enclosed is Mr. Patel's death certificate and the Letter of Administration for Pinal Patel. If any of those providers do not accept this authorization for any reason, please contact us and we will arrange to execute an authorization acceptable to them that will permit you to obtain complete medical records on Gokulbhai Maganbhai Patel.

Neither this notice nor the medical authorization waives the common law physician patient privilege concerning that care and treatment of Gokulbhai Maganbhai Patel by any doctor who provided medical services for Gokulbhai Maganbhai Patel. We expect that you will not communicate with any person other than your attorney about any doctor's care and treatment of Gokulbhai Maganbhai Patel.

We believe this letter complies with the letter and spirit of Tennessee Code Annotated § 29-26-121. If you believe it is deficient in any way, please let us know and any defect will be promptly cured. If we do not hear from you we will assume that you agree the letter complies with the law.

Very truly yours,



MASSACHUSETTS OFFICE
Kimberly A. Dougherty, Managing Attorney

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Janet, Jenner & Suggs, LLC
— ATTORNEYS AT LAW —

Kimberly A. Dougherty

Enclosures

cc: Pinal Patel (*via first-class mail*)
Myra Staggs (*via electronic mail*)

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Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia

The following is a list of all providers to whom notice is being given pursuant to Tennessee Code Annotated § 29-26-121 (a)(2)(D):

Saint Thomas Outpatient Neurosurgical Center, LLC
Gregory B. Lanford, M.D., Registered Agent for Service of Process
2011 Murphy Ave., Ste 301
Nashville, TN 37203-2023

Saint Thomas Outpatient Neurosurgical Center, LLC
Floor 9
4230 Harding Pike
Nashville, TN 37203-2013

Howell Allen Clinic A Professional Corporation
Gregory B. Lanford, M.D., Registered Agent for Service of Process
2011 Murphy Ave., Ste 301
Nashville, TN 37203-2023

Vaughn A. Allen, M.D
2011 Murphy Ave., Ste 301
Nashville, TN 37203-2023

HIPAA RELEASE GENERAL AUTHORIZATION

REQUEST TO:

I HEREBY AUTHORIZE _____ to release the
 information specified below for the date(s): _____ through _____

THE INFORMATION REQUESTED IS FOR LITIGATION PURPOSES AND IS TO
 BE RELEASED TO:

INFORMATION TO BE RELEASED

<input type="checkbox"/> Municipal, Governmental, Fire or Police Records	<input type="checkbox"/> Inpatient Date _____	<input checked="" type="checkbox"/> X-rays (digital)
<input type="checkbox"/> Federal or State Tax information or records	<input type="checkbox"/> Outpatient Date _____	<input checked="" type="checkbox"/> X-ray reports
	<input checked="" type="checkbox"/> Emergency Room records	<input checked="" type="checkbox"/> ENTIRE RECORD
	<input type="checkbox"/> Face Sheet	<input checked="" type="checkbox"/> Billing Records
		Steroid Injection
<input type="checkbox"/> Wage, income or earning records or reports	<input checked="" type="checkbox"/> History & Physical	<input checked="" type="checkbox"/> Information [e.g., manufacturer, Lot #]
	<input checked="" type="checkbox"/> Discharge summary	<input checked="" type="checkbox"/> Color copies of any photographs
<input checked="" type="checkbox"/> Laboratory reports	<input checked="" type="checkbox"/> Consultation reports	Test Results [e.g., Spinal
		Tap]
<input checked="" type="checkbox"/> Report and/or records from physician, therapist	<input checked="" type="checkbox"/> Surgery & Pathology reports	<input checked="" type="checkbox"/> MRIs (digital)

I understand the requested medical records may include information relating to: alcohol and/or drug abuse, psychiatric treatment, HIV/Aids testing or treatment, sexually transmitted disease, and/or communicable or noncommunicable disease information. Such information is covered by Federal Confidentiality Regulation [42CFR, Part 2] and can't be

disclosed without my written consent. I also expressly acknowledge note of this under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Regulation [45 CFR, § 164.512(e)(1)(ii)]. I understand that the information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by Federal Law. My signature on this form authorizes the release of this information as well as all other requested information in the records.


I understand that I may refuse to sign this authorization and refusal to sign will not affect my ability to obtain treatment, enroll in any health plan or payment/benefit eligibility.

I understand that I may revoke this authorization in writing at any time except for information which may have been disclosed by the above named provider prior to the receipt of such revocation. This authorization is valid for three (3) years. The above named provider should respond to this request, or subsequent requests for information from _____ or their representatives, at any time unless the above named health care provider receives a written revocation from me.

THIS AUTHORIZATION does allow the named healthcare provider to discuss my health information, history of care or condition with, or be interviewed by, members of _____

A photocopy of this authorization is to be considered as valid as the original.

Dated: 8/15/13
 SSN: 408-83-8265
 DOB: 09/01/32
 DOD: 01/22/13

Signature: 
 Printed Name: Pinal Patel
 Address: 315 S Main St
Grovettsville, TN 37072
 Individually, As Personal
 Representative of the Estate
 of Gokulbhai M. Patel

STATE OF TENNESSEE Office of Vital Records									
TENNESSEE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH								STATE FILE NUMBER	
1. DECEASED'S LEGAL NAME (Print, Middle, Last, Suffix) Gokulbhai Megambhai Patel						2. SEX Male		3. DATE OF BIRTH (Month, Day, Year) January 22, 2013	
4. TIME OF DEATH (Approx.) 08:15 AM		5. AGE-Last Birthday (Years) 80		6. LENGTH OF TIME Months: 0 Days: 0 Hours: 0 Minutes: 0		7. DATE OF BIRTH (Month, Day, Year) September 1, 1932		8. ADDRESS (City and State at Person's Country) Vihar, India	
9. PLACE OF DEATH (Check only one) <input type="checkbox"/> If death occurred in a hospital <input type="checkbox"/> If death occurred somewhere other than a hospital <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other residence <input type="checkbox"/> Other (Specify):									
10. FACILITY NAME (If not institution, give street and number) Heritage Medical Center						11. CITY OR TOWN Shelbyville		12. COUNTY OF BIRTH Bedford	
13. MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown		14. BORN-NEED TO BE FILLED IN WITH, give name prior to first marriage N/A		15. DECEASED'S LEGAL OCCUPATION Farmer		16. TYPE OF BUSINESS/INDUSTRY Agriculture		17. CITY OR TOWN Shelbyville	
18. SOCIAL SECURITY NUMBER 408-63-8255		19. RESIDENCE-STATE OR FOREIGN COUNTRY Tennessee		20. ZIP CODE 37160		21. DECEASED'S RACE (Check one or more boxes to indicate what the decedent described himself or herself as) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Other (Specify):		22. DECEASED'S RACE (Check one or more boxes to indicate what the decedent described himself or herself as) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Other (Specify):	
23. DECEASED'S EDUCATION (Check the box that best describes the highest degree or level of school completion at the time of death) <input type="checkbox"/> No grade or less <input type="checkbox"/> 1st-12th grade, no diploma <input type="checkbox"/> High school graduate or GED certificate <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, BS, BSc) <input type="checkbox"/> Master's degree (e.g., MA, MEd, MEng, MSc, MHA, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD, or Professional degree (e.g., MD, DDS, DVM, LL.M., JD)						24. DECEASED'S VETERAN STATUS (Check the box that best describes whether the decedent is a veteran of the U.S. Armed Forces) <input type="checkbox"/> Yes, full <input type="checkbox"/> Yes, partial <input type="checkbox"/> Yes, honorably discharged <input type="checkbox"/> Yes, other (Specify) <input type="checkbox"/> Unknown		25. DECEASED'S RACE (Check one or more boxes to indicate what the decedent described himself or herself as) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Other (Specify):	
26. FATHER'S NAME (Print, Middle, Last) Megambhai Mohibhai						27. MOTHER'S NAME (Print, Middle, Last) Premibhai Megambhai		28. PLACE OF BIRTH (City and State at Person's Country) Shahdol, India	
29. TYPE OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Unknown						30. PLACE OF DEATH (Name of cemetery, street, other place) Moore Corner Funeral Home		31. LOCATION - City and State Winchester TN	
32. SIGNATURE OF FUNERAL DIRECTOR James David Fekihous						33. LICENSE NUMBER 4605		34. SIGNATURE OF EXAMINER N/A	
35. NAME AND ADDRESS OF FUNERAL HOME Fekihous Memorial Chapel 2022 N. Main Street, Shelbyville TN 37160						36. LICENSE NUMBER OF FUNERAL HOME 1044		37. DATE FIELD (Month, Day, Year) Jan 23 2013	
38. SIGNATURE OF PHYSICIAN Liana E. Ray (DR)						39. DATE FIELD (Month, Day, Year) Jan 23 2013		40. SIGNATURE OF MEDICAL EXAMINER N/A	
41. SIGNATURE OF MEDICAL EXAMINER N/A						42. DATE FIELD (Month, Day, Year) Jan 23 2013		43. SIGNATURE OF MEDICAL EXAMINER N/A	
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340. SIGNATURE OF MEDICAL EXAMINER N/A						341. DATE FIELD (Month, Day, Year) Jan 23 2013		342. SIGNATURE OF MEDICAL EX	

SEVENTH CIRCUIT COURT OF DAVIDSON COUNTY, TENNESSEE
LETTERS OF ADMINISTRATION

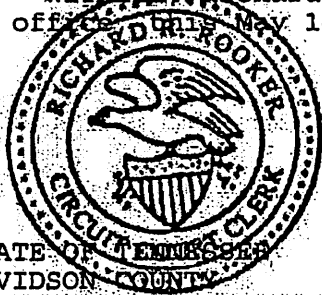
13P832

TO PINAL PATEL :


It appearing to the Court, that GOKULBHAI MAGANBHAI PATEL, has died, and leaving no will, and the Court being satisfied as to your claim to the Administration, and you having given bond pursuant to Order, if required, and qualified as directed by law, and the Court having ordered that Letters of Administration be issued to you:

THESE ARE THEREFORE to authorize and empower you to take into your possession and control all the goods, chattels, claims, and papers of the said estate, and return a true and perfect inventory thereof to this Court; to collect and pay all debts, and to do and transact all the duties in relation to said estate, to deliver the residue thereof to those who are by law entitled.

WITNESSE Richard R. Rooker, Clerk of Probate Court, at my office this May 14, 2013



Richard R. Rooker, Clerk


 D.C.

I, Richard R. Rooker, Clerk of the Probate Court, do hereby certify that the foregoing is a full, true and perfect copy of Letters of Administration, issued to PINAL PATEL, as Administrator of the estate of GOKULBHAI MAGANBHAI PATEL, deceased, and I do further certify that PINAL PATEL is still acting as Administrator of the estate, and all acts as such are entitled to full faith and credit, as it appears from the records filed in my office at Nashville, Tennessee.

WITNESS my hand and official seal, this 14 day of MAY, 2013.



Richard R. Rooker, Clerk

 D.C.



Janet, Jenner & Suggs, LLC

ATTORNEYS AT LAW

Howard A. Janet, P.C.* | Kenneth M. Suggs* | Robert K. Jenner, P.C.* ±
Dov Apfel* ± | Stephen C. Offutt* ± ± | Giles H. Manley, M.D., J.D.* | Gerald D. Jowers, Jr.* | Brian D. Ketterer Δ

Sharon R. Guzejko* | Kimberly A. Dougherty ◊ | Francis M. Hinson, IV* | Hal J. Kleinman Δ ± | Tara J. Poerner* ± † | Elisha N. Hawk* ± ±
Justin A. Browne* | Joyce E. Jones* | Jessica H. Meeder* ± | Leah K. Barron* | Lindsey M. Craig* | Jason B. Penn* ±
Seth L. Cardelli \$ ± | Samuel M. Collings* ± | William F. Burnham*

OF COUNSEL

John C. Hensley, Jr.* | Steven J. German \$ ± ± | Joel M. Rubenstein \$ ± ± | Thomas G. Wilson ± † ±

BAR MEMBERSHIPS

* Maryland | • South Carolina | ◊ Massachusetts | ± District of Columbia | ± Minnesota | Δ Pennsylvania
‡ Illinois | † Florida | ° North Carolina | \$ New York | • New Jersey | ■ West Virginia | ♦ California

December 5, 2013

CERTIFIED MAIL, RETURN RECEIPT REQUESTED CERTIFICATE OF MAILING

Saint Thomas Outpatient Neurosurgical Center, LLC
Floor 9
4230 Harding Pike
Nashville, TN 37205-2013

Re: Gokulbhai Maganbhai Patel
HIPAA Compliant Authorization

To Saint Thomas Outpatient Neurosurgical Center, LLC:

Enclosed please find an amended HIPAA compliant authorization and Notice of Claim.

Very truly yours,

Kimberly A. Dougherty

Enclosure

MASSACHUSETTS OFFICE

Kimberly A. Dougherty, Managing Attorney

31 St. James Avenue, Suite 365 | Boston, Massachusetts 02116
617-933-1265 | Fax 410-653-6903 | 1-877-692-3862 | 1-877-MY-ADVOCATES
info@MyAdvocates.com | MyAdvocates.com

Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia



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‡ Illinois | † Florida | ° North Carolina | \$ New York | * New Jersey | ■ West Virginia | ♦ California

December 5, 2013

CERTIFIED MAIL, RETURN RECEIPT REQUESTED
CERTIFICATE OF MAILING

Saint Thomas Outpatient Neurosurgical Center, LLC
Gregory B. Lanford, M.D. Registered Agent for Service of Process:
2011 Murphy Ave., Suite 301
Nashville, TN 37203-2023

Saint Thomas Outpatient Neurosurgical Center, LLC
Floor 9
4230 Harding Pike
Nashville, TN 37205-2013

Re: Gokulbhai Maganbhai Patel
Notice of health care liability claim required by
Tennessee Code Annotated § 29-26-121

To Saint Thomas Outpatient Neurosurgical Center, LLC:

We are the attorneys representing Gokulbhai Maganbhai Patel.

Through his attorneys, Pinal Patel, individually, and as Personal Representative of the Estate of Gokulbhai Maganbhai Patel, is asserting a claim for health care liability against Saint Thomas Outpatient Neurosurgical Center, LLC, Howell Allen Clinic A Professional Corporation and Vaughn A. Allen, M.D., including their agents, employees, physicians, nurses and pharmacists. This potential claim arises out of care, medicines and services provided by employees and/or agents of Saint Thomas Outpatient Neurosurgical Center, LLC to Gokulbhai

MASSACHUSETTS OFFICE

Kimberly A. Dougherty, Managing Attorney

31 St. James Avenue, Suite 365 | Boston, Massachusetts 02116
617-933-1265 | Fax 410-653-6903 | 1-877-692-3862 | 1-877-MY-ADVOCATES
Info@MyAdvocates.com | MyAdvocates.com

Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia

Janet, Jenner & Suggs, LLC
ATTORNEYS AT LAW

Maganbhai Patel from August 2012 through September 2012.

The full name and date of birth of the patient whose treatment is at issue:

Gokulbhai Maganbhai Patel
Date of Birth: September 1, 1932

The name and address of the claimant authorizing this notice:

Pinal Patel, Personal Representative of the Estate of Gokulbhai Maganbhai Patel
315 S. Main Street
Goodlettsville, TN 37072

The name and address of the attorney sending this notice:

Kimberly A. Dougherty
Janet, Jenner & Suggs, LLC
31 St. James Avenue, Suite 365
Boston, Massachusetts 02116

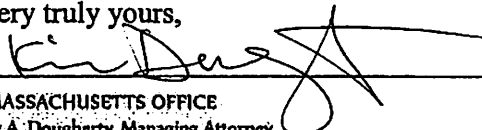
Attached hereto is a list of all healthcare providers to whom notice is being given pursuant to Tennessee Code Annotated § 29-26-121(a)(2)(D).

Pursuant to Tennessee Code Annotated § 29-26-121 (a)(2)(E), I also enclose a HIPPA compliant medical authorization permitting you to obtain complete medical records on Gokulbhai Maganbhai Patel from each provider being sent a notice. Also enclosed is Mr. Patel's death certificate and the Letter of Administration for Pinal Patel. If any of those providers do not accept this authorization for any reason, please contact us and we will arrange to execute an authorization acceptable to them that will permit you to obtain complete medical records on Gokulbhai Maganbhai Patel.

Neither this notice nor the medical authorization waives the common law physician patient privilege concerning that care and treatment of Gokulbhai Maganbhai Patel by any doctor who provided medical services for Gokulbhai Maganbhai Patel. We expect that you will not communicate with any person other than your attorney about any doctor's care and treatment of Gokulbhai Maganbhai Patel.

We believe this letter complies with the letter and spirit of Tennessee Code Annotated § 29-26-121. If you believe it is deficient in any way, please let us know and any defect will be promptly cured. If we do not hear from you we will assume that you agree the letter complies with the law.

Very truly yours,



MASSACHUSETTS OFFICE
Kimberly A. Dougherty, Managing Attorney

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